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Bib Data Sheet

CONFIRMATION NO. 6303

<b>SERIAL NUMBER</b> 09/706,360	<b>FILING OR 371(c) DATE</b> 11/02/2000 <b>RULE</b> 1.47	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> 17462US01
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**APPLICANTS**

Alahyar Alan Mikhak, Calabasas, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/163,171 11/02/1999 and claims benefit of 60/163,399 11/04/1999  
 and claims benefit of 60/236,222 09/28/2000  
 and claims benefit of 60/236,374 09/28/2000

*OK*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

02/12/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 113	<b>INDEPENDENT CLAIMS</b> 10
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**ADDRESS**

23446

**TITLE**

Wireless cable replacement system

<b>FILING FEE RECEIVED</b> 3124	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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